

Summons and Complaint Return of Service

Case No. 2:09-cv-11529-DML-VMM
Hon. David M. Lawson

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: Paul Drouillard

Date of Service:

May 22, 2009

Method of Service

Personally served at this address:

Left copies at defendant's usual place of abode with (name of person):

Other (specify): Mailed by certified return receipt to Attn: Paul Drouillard, D.O., 35360 Nankin Blvd. Ste 802, Westland, MI 48185. Attached Amended Complaint, Amended Case Statement and Order Requiring Filing of Case Statement

Returned unexecuted (reason):

Service Fees: Travel \$_____ Service \$_____ Total \$_____

Declaration of Server

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Delilah D. Taylor
Delilah D. Taylor

Signature of Server:

Marshall Lasser, P.C.

Date: June 3, 2009

P.O. Box 2579

Server's Address:

Southfield, MI 48037

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Paul Drouillard, D.O.
35360 Nankin Blvd., Ste. 802
Westland, MI 48185

COCA COLA

2. Article Number (Copy from service label)

7003 2260 0005 6262 9862

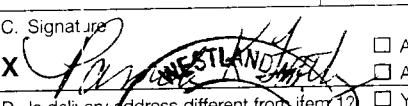
PS Form 3811, July 1999

Domestic Return Receipt

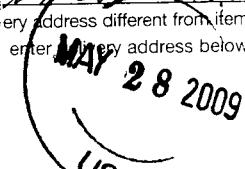
102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
	5-28

C. Signature 
 Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

May 28 2009


3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Summons and Complaint Return of Service

Case No. 2:09-cv-11529-DML-VMM

Hon. David M. Lawson

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: Segwick Claims Management Services, Inc.

Date of Service: May 22, 2009**Method of Service** Personally served at this address:

 Left copies at defendant's usual place of abode with (name of person):

Other (specify): Attn: Mailed by Certified return receipt to Legal Department at P.O. Box 14446, Lexington, KY 40512. Attachments: Amended Complaint and Amended Case Statement and Order Requiring Filing of Case Statement

Returned unexecuted (reason):

Service Fees: Travel \$_____ Service \$_____ Total \$_____**Declaration of Server**

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server: Delilah D. TalarSignature of Server: Delilah D. TalarDate: June 3, 2009Server's Address: Marshall Lasser, P.C.P.O. Box 2879Southfield, MI 48037

SENDER: COMPLETE THIS SECTION

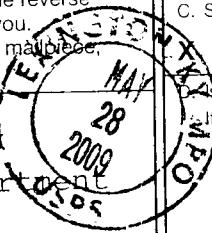
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the envelope, or on the front if space permits.

1. Article Addressee to:

Sedgwick CMS
Attn: Legal Department
P.O. Box 14446
Lexington, KY 40512

Clm#: 20070935498-0001

Coca-Cola

2. Article Number *Copy from service label***COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
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C. Signature

Chris A. Johnson

Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7003 2260 0005 6262 9855

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Summons and Complaint Return of Service

Case No. 2:09-cv-11529-DML-VMM

Hon. David M. Lawson

A copy of the Summons and Complaint has been served in the manner indicated below:

Name of Defendant Served: Coca Cola Enterprises, Inc.

Date of Service: May 22, 2009**Method of Service** Personally served at this address:

 Left copies at defendant's usual place of abode with (name of person):

Other (specify): Mailed certified return receipt to: Coca-Cola Enterprises Inc.
QA CSC-Lawyers Incorporating Service Co., 601 Abbott Rd,
East Lansing, MI 48823 Attached; Amended Complaint and
Amended Case Statement and Order Requiring Filing of Case Statement Returned unexecuted (reason):

Service Fees: Travel \$_____ Service \$_____ Total \$_____**Declaration of Server**

I declare under the penalty of perjury that the information contained in this Return of Service is true and correct.

Name of Server:

Delilah D. Tafon
Delilah D. Tafon

Signature of Server:

June 3, 2009

Date:

Server's Address:

Marshall Lasser, P.C.
P.O. Box 2579
Southfield, MI 48033

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Coca-Cola Enterprises Inc.
R/A: CSC-Lawyers
Incorporating Service Co
601 Abbott Rd.
East Lansing, MI 48823

2. Article Number

7003 2260 0005 6262 9579

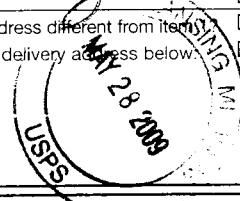
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
---------------------------------------	---------------------

C. Signature

Agent
 Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:



Yes
 No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes